FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Alamo PAC 919 Congress Ave ADDRESS (number and street) **Suite 1400** (Check if address is changed) Austin 78701 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS salpurpura2010@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2017 C00387464 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Cammack, Kerry, , , Type or Print Name of Treasurer Cammack, Kerry, , , [Electronically Filed] 02 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

FEC Form	1 (Revised 02/2009)	Page 2
TYPE OF COM		
	This committee is a principal campaign committee. (Complete the candidate information below	.)
(b) T	This committee is an authorized committee, and is NOT a principal campaign committee. (Conformation below.)	,
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c) T	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Comm		
(d) T	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Acti	ion Committee (PAC):	
(e) T	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
	Corporation Wo Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee supports/opposes more than one Federal candidate, and is NOT a separate sommittee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
i	✗ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
loint Eurodes		
_	ising Representative: his committee collects contributions, pays fundraising expenses and disburses net proceeds for t	wo or more political
	ommittees/organizations, at least one of which is an authorized committee of a federal candidate.	
	nis committee collects contributions, pays fundraising expenses and disburses net proceeds for trommittees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Commi	ttees Participating in Joint Fundraiser	
1	FEC ID number	
2	FEC ID number	
3	FEC ID number	
4		

	02/2009)	Page 3
Write or Type Committee Name	ре	
Alamo PAC		
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
Cornyn, John, , Sen.,		
	919 Congress Ave	
Mailing Address		
	Suite 1400	01
	CITY STATE	ZIP CODE
	entify by name, address (phone number optional) and position of the person in	n possession of committe
books and records.		
Purpura, S Full Name	Sal, , ,	
Mailing Address	6334 Pumpernickel Ln	
	Monroe NC 281	10
Title or Position	Monroe NC 281 CITY STATE	10
Title or Position Asst. Treasurer		
Asst. Treasurer	CITY STATE Telephone number — 704 and address (phone number optional) of the treasurer of the committee; and the	ZIP CODE - 668 - 1993
Asst. Treasurer Treasurer: List the name an	CITY STATE Telephone number 704 and address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	ZIP CODE - 668 - 1993
Asst. Treasurer Treasurer: List the name an any designated agent (e.g., a full Name Cammack	CITY STATE Telephone number 704 and address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	ZIP CODE - 668 - 1993
Asst. Treasurer Treasurer: List the name an any designated agent (e.g., a full Name of Treasurer	CITY STATE Telephone number — 704 and address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	ZIP CODE - 668 - 1993
Asst. Treasurer Treasurer: List the name an any designated agent (e.g., a full Name of Treasurer	CITY STATE Telephone number — 704 and address (phone number — optional) of the treasurer of the committee; and the assistant treasurer). c, Kerry, , , 919 Congress Ave	ZIP CODE - 668 - 1993 e name and address of

I LO I OIIII I	(Revised 02/2009)	Page 4
Full Name of Designated Agent	Purpura, Sal, , ,	
Mailing Address	6334 Pumpernickel Ln	
	Monroe NC 28110 CITY STATE ZIF	P CODE
Title or Position Assistant Treasure	r Telephone number 704 – 668	8 1993
	epositories: List all banks or other depositories in which the committee deposits funds, holds a s or maintains funds.	, , , , , , , , , , , , , , , , , , , ,
safety deposit boxes Name of Bank, Dep	s or maintains funds.	1 1 1 1 1
safety deposit boxes Name of Bank, Dep	s or maintains funds. pository, etc. BB&T	
safety deposit boxes Name of Bank, Dep	s or maintains funds. pository, etc. BB&T	
safety deposit boxes Name of Bank, Dep	BB&T 1909 K Street NW Washington DC 20006	P CODE
safety deposit boxes Name of Bank, Dep	Sor maintains funds. DOSITION STATE ZII	
safety deposit boxes Name of Bank, Dep Mailing Address Name of Bank, Dep	Sor maintains funds. DOSITION STATE ZII	
safety deposit boxes Name of Bank, Dep Mailing Address Name of Bank, Dep	BB&T 1909 K Street NW Washington CITY STATE ZII Dository, etc.	
safety deposit boxes Name of Bank, Dep Mailing Address Name of Bank, Dep	Sor maintains funds. DOSITION STATE ZII Chain Bridge Bank	
safety deposit boxes Name of Bank, Dep Mailing Address Name of Bank, Dep	Sor maintains funds. DOSITION STATE ZII Chain Bridge Bank	

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Cornyn Majority Committee 228 South Washington St Mailing Address Suite 115 Alexandria 22314 **CITY** STATE 4 ZIP CODE Relationship: X Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Connected Organization [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

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FEC Form 1G (Revised 06/2011) Page List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor R Senate PAC 6334 Pumpernickel Ln Mailing Address NC 28110 Monroe **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number